

**MULTIPLE DEP. FEE CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPENDIX C

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	1					
16						
17						
18						
19	1					
20						
21						
22						
23						
24	1					
25		1				
26						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	24					
TOTAL CLAIMS	21					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						